

12-12-03

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

| | AS FILED | | AFTER 1ST AMENDMENT | | AFTER 2ND AMENDMENT | | | B/D | | D/E | | B/D | | D/E | | B/D | | D/E | |
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| TOTAL CLAIMS | | | | | | | | | | | | | | | | | | | |

1, 18, 21, 23, 27, 29, 30